

**Instructions:** This form is to be completed only if you wish to waive your military retired pay in order to receive credit for the military service in the computation of your civil service retirement annuity. Complete the waiver and mail the original to the applicable address (see next page) within 60 to 90 days before your planned retirement date. Be sure to keep a copy of the completed waiver since you must include a copy with your retirement package. **Note:** It is not necessary to waive your military retired pay if it was awarded on account of a service-connected disability which was incurred in combat with an enemy of the United States, or was caused by an instrumentality of war and incurred in the line of duty during a period of war; or if it was awarded under provisions of 10 U.S.C. Chapter 67, Sections 12731 through 12739, which grants retired pay to members of reserve components who meet age and service requirements.

## WAIVER OF MILITARY RETIRED PAY

I, \_\_\_\_\_, \_\_\_\_\_,  
(full name) (military serial number, SSAN)

hereby waive my military retired pay for civil service retirement purposes effective

\_\_\_\_\_. I hereby authorize the Office of Personnel Management to  
(date before annuity commences)

withhold from my civil service retirement annuity any amount of military retirement pay granted beyond the effective date of this waiver due to any delay in processing this election.

I have/have not elected a survivor benefit for my spouse under civil service retirement.  
(select one)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Where to Mail Waiver of Military Retired Pay**

### **If Air Force, Army, Navy and Marine Corps, mail to:**

Defense Finance and Accounting Service  
U.S. Military Retirement Pay  
P.O. Box 7130  
London KY 40742-7130

### **If Coast Guard, National Oceanic and Atmospheric Administration, mail to:**

Commanding Officer (RAS)  
Coast Guard Human Resources Service & Info Center  
444 S.E. Quincy Street  
Topeka KS 66683-3591

### **If Public Health Service, mail to:**

Public Health Service  
Division of Commissioned Personnel  
Compensation Branch  
Parklawn Building, Room 4-50  
5600 Fisher's Lane  
Rockville MD 20857